

**SCHOOL DISTRICTS:
DO NOT SEND THIS FORM TO
THE IMPACT AID PROGRAM**

**FORM APPROVED
OMB NO. 1810-0036
EXPIRATION DATE: 06/30/2008**

**IMPACT AID PROGRAM APPLICATION
FORM FOR TRANSMITTAL OF APPLICATION COPY TO STATE EDUCATIONAL AGENCY
(SEA)**

Attached is the SEA copy of the following LEA's application for Impact Aid funding (ED FORM 4019).

Applicant's Name _____
Street Address _____
City _____
State and Zip Code _____
Impact Aid Program
Application Number _____

SEA representatives are offered the opportunity to notify the Secretary of Education of any inconsistencies or other concerns that the SEA has with the application on or before 15 days after the application deadline of the fiscal year for which assistance is sought.

(In alternative situations prescribed under 34 CFR 222.3(b) and 222.6(b)(2), when an SEA receives an application that is postmarked before September 30 but after the application deadline of the fiscal year for which assistance is sought, the SEA has fifteen days from its receipt of the application to notify the Secretary of any inconsistencies or concerns that it has with the application.)

If the Secretary does not receive any notification from the SEA within the applicable filing dates described above, the Secretary assumes that the data and statements in the application are, to the best of the SEA's knowledge, true, complete, and correct.

SEA INSTRUCTIONS:

Use the space provided below to forward any comments that you may have regarding the application. If you have comments, forward this form, your comments and a copy of the application to the U.S. Department of Education, Director, Impact Aid Program, 400 Maryland Avenue, S.W., Washington, D.C. 20202-6244.

COMMENTS:

NAME AND TITLE OF AUTHORIZED STATE EDUCATIONAL AGENCY REPRESENTATIVE

SIGNATURE

DATE

